



**Vermont State Treasurer's Office – Unclaimed Property Division**  
109 State Street, Montpelier, Vermont 05609-6200  
Phone: 802-828-2407 Fax: 802-828-2772

## Report of Unclaimed Safe Deposit Boxes

**File this Report on or before May 1st. Please do not file with regular report**

Date:	Holder Name:
For the Year:	
Federal Tax ID Number:	Contact Person:
Address:	Telephone:
City:	State of Incorporation:
State:	Date of Incorporation:
The foregoing address is that of the	<input type="checkbox"/> Main Office <input type="checkbox"/> Branch

If you are the successor to a previous holder of the property, or if you have changed your name, please list prior name(s) below:

1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**NOTE:** Please do not send this report (report of Safe Deposit boxes) with your regular report. Please MAIL separately or affix to box. **DO NOT** put inside box.

State of \_\_\_\_\_ County of \_\_\_\_\_

The undersigned, (print name) \_\_\_\_\_, being duly sworn on oath, deposes and says that he/she has caused to be prepared and has examined this report of \_\_\_\_\_ pages, totaling \$\_\_\_\_\_, as to property presumed abandoned under the Vermont Statutes Annotated, Title 27, Chapter 13 for the year ending as stated and that he/she acting as duly authorized representative of \_\_\_\_\_ declares, in accordance with Title 13, Chapter 67, Section 3016 'False Claims', that, to the best of his/her knowledge and belief, said report is a true and complete statement of all abandoned property held or owing by the HOLDER at the close of business on this date, except such items as have since said date, ceased to be abandoned.

Signature & Title: \_\_\_\_\_

Notary: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.